Proper Birth Medicare

603. SHRI MATI LAL SARKAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that more than half of the mothers give birth of their children at homes with a very small percentage of mothers getting facility of hospitals;

(b) what percentage of this infants are found suffering from disabilities; and

(c) the steps to be taken to curb the menace?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) As per the data from Sample Registration System (SRS) of the Registrar General of India for 2002, 53.7% deliveries take place at home against 46.3% deliveries taking place either in the health facilities/institutions or in the hands of doctors, nurses or trained midwives.

(b) Information on percentage of infants delivered at home who suffer from disabilities is not available.

(c) Govt. of India have recently launched the national Rural Health Mission (NRHM) in order to improve the availability of, and access to quality health care including services for promotion of institutional deliveries and skilled attendance at birth.

The ongoing Reproductive & Child Health Programme is a component of the NRHM. Under the NRHM, services provided under the RCH Programme will be strengthened through:

- Implementation of Janani Suraksha Yojana (JSY) under which cash incentives are provided to pregnant women belonging to families Below Poverty Line (BPL) if they deliver at a health center/ hospital.

- Appointment of Accredited Social Health activist (ASHA) for every village with a population up to 1000. ASHA will facilitate in accessing health care services to the community and will have specific responsibility of mobilizing pregnant women for antenatal care,

institutional delivery and post-natal checks and immunization to children.

- Operationalising 2000 Community Health Centers as First Referral Units (FRU) for providing Emergency Obstetric and Child Health Services.
- Making 50% Primary Health Centers functional for providing 24-hours delivery services, over the next five years.
- Ensuring quality of services by implementing Indian Public Health Standards (IPHS) for Primary Healthcare Facilities.

Direct Monitoring System for Spurious Medicines

604. SHRI NANDI YELLAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the role of Government in curbeing the manufacture of spurious medicines and drugs at manufacturing level and at the level of pharmaceutical distributors;

(b) whether Government would enact any law for directly creating and monitoring vigilance system throughout India to curb the ever growing menace of spurious medicines and drugs worth several thousands of crores of rupees without being controlled by States;

(c) if so, the details of the proposed law; and

(d) if not, the measures Government would propose for its direct involvement to curb this ever growing menace?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) Under the provisions of Drugs and Cosmetics Act and Rules thereunder, it is the responsibility of State Governments through their respective Drug Control organizations to regulate manufacture and sale of drugs as well as to keep a surveillance over possible movement of spurious/counterfeit drugs.

Manufacture and sale of spurious/counterfeit drugs is primarily a clandestine activity. To this extent, it is difficult to detect the manufacture of movement of spurious drugs.